



CENTRAL NEBRASKA CREMATION

S E R V I C E S

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ID #

Date of Cremation

AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

THIS IS A LEGAL DOCUMENT

It Contains Important Provisions Concerning Cremation.

Cremation is Irreversible and Final.

Read This Document Carefully Before Signing.

REQUIREMENTS FOR CREMATION

Cremation Will Take Place **ONLY AFTER** the following conditions have been met:

1. After any scheduled viewings have been completed.
2. After all necessary authorizations required by the family have been obtained, and no objections have been made.
3. After all civil and medical authorities have issued all the required permits and authorizations.
4. After positive identification of the decedent has been accomplished by the next of kin, or a person who assumes responsibility for next of kin.

Decedent/Authorizing Agent Information

Funeral Establishment Serving the Family: _____

Name of Decedent: _____ Date of Birth: _____

Date of Death: _____ Place of Death: _____

Next-of-Kin/Authorizing Agent: _____

Address of Next-of-Kin/Authorizing Agent: _____

Telephone Contact Number: _____ Relationship to Decedent: _____

Name of Decedent: _____

THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremations are performed by Central Nebraska Cremation Service, Inc, herein and hereafter referred to as The Company or Crematory. The act of cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative, which is then placed into a cremation chamber or retort, where they are subjected to intense heat and flame. All cremations are performed individually. Through the use of suitable fuel, the incineration of the container, and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold, silver, and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains, and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, shall be recovered by manual means, such as brushing, in order to retrieve the cremated remains from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, some dust, and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent, and incidental commingling of minute particles of cremated remains from the residues of previous cremations is possible. The Authorizing Agent understands, and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as hinges, latches, and nails from the container will be separated, and removed from the human bone fragments by visible or magnetic selection. Other non-bone fragment foreign material that was part of the deceased prior to cremation, and recovered with the cremated remains, such as an internal prosthesis, shall be removed prior to processing so that only human bone fragments will remain. Non-bone fragment foreign material shall be disposed of in a dignified manner in accordance with all applicable laws. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains will often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed, i.e. pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

____ (Initial) **I Have Read The Above Description Of The Cremation Process And I Have No Further Questions About My Decision To Proceed.**

CASKETS AND CONTAINERS

Central Nebraska Cremation Service, Inc **DOES NOT** Accept Metal Caskets, Metal Containers, or Hard Wood Caskets for Cremation.

Central Nebraska Cremation Service, Inc requires either a cremation casket or a covered alternative container for cremation.

An alternative container MUST meet all of the following standards:

1. Be resistant to leakage or spillage.
2. Be composed of readily combustible materials suitable for cremation.
3. Be able to be closed to provide complete covering of the deceased.
4. Be rigid enough for handling with ease.
5. Be able to provide protection for the health and safety of Crematory personnel.

Many caskets also contain exterior parts, for example decorative handles or rails that are not combustible, and may cause damage to the cremation equipment. The Company at its sole discretion reserves the right to remove these non-combustibles prior to cremation, and to discard them with similar materials from other cremations in a non-recoverable manner.

Name of Decedent: _____

**DISCLOSURES, WARRANTIES AND PERMISSIONS
(INITIAL EACH)**

No human remains shall be cremated with the knowledge that the human remains contain jewelry or other valuables. The Authorizing Agent, shall take all the necessary steps to ensure that all jewelry or other valuables are removed prior to cremation.

The removal of jewelry, and other valuables is the responsibility of the Authorized Agent, and the Funeral Home, and shall be completed before the decedent is transported to the crematory for cremation.

ABSOLUTELY NO EXCEPTIONS

____ I/WE **Have Read and Understand** The Company's normal practices for cremation and disposition.

____ Due to the nature of the cremation process, any personal possessions or valuable materials, such as clothing, shoes, eyeglasses, dental gold and silver, body prostheses that are left with the remains, and not removed from the remains or cremation container may be destroyed or if not destroyed, will be disposed of or recycled by The Company. The Authorizing Agent understands that arrangements must be made to remove any such possessions or valuables prior to the time that the remains of the Descendent are transported to the Crematory. **Accordance with Nebraska State law 71-1379.2 No human remains shall be cremated with the knowledge that the human remains contain jewelry or other valuables.**

____ I/WE understand that if I/WE wish to remove and retain any item from the remains, dental gold and silver, dental bridge work, body prostheses, etc., I/We must do so myself or by my Designated Representative, contacting such professionals, or by the Authorized Agent prior to the time that the remains of the Descendent are transported to the Crematory.

____ I/WE understand that due to the nature of the cremation process any valuable materials, including dental gold, or items of such nature will either be destroyed or be non-recoverable after the cremation has taken place. Any personal possessions accordingly will be removed prior to delivery of the Decedent to the Crematory.

____ I/WE further agree that I/WE will indemnify and hold harmless the crematory and funeral director, their offices and employees from any liability, costs, expenses and claims resulting from this authorization or loss of any valuables from the cremation process.

PACEMAKER AND DEFIBRILLATOR DEVICES AND RADIOACTIVE THERAPY: Mechanical implanted cardiac pacemakers, and defibrillators, and radioactive therapy residues in the Decedent may create a hazardous condition when subjected to intense heat. The Company will not cremate any Decedent that contains an implanted cardiac pacemaker or defibrillator. In the event the Decedent does contain such a device, I/We authorize The Company to remove and dispose of or recycle any mechanical implanted pacemaker, Defibrillator, or other potentially hazardous implant, or other explodeable implanted devices.

Did the Decedent have an implanted cardiac pacemaker, and/or defibrillator? Yes No **(initial only one)**

Radioactive therapy presents a potential risk to funeral home and crematory personnel. In some cases the cremation may not be permitted or may be delayed when recent radioactive therapy is present in the Decedent.

Was the Decedent treated with radioactive implants within the last 12 months? Yes No **(initial only one)**

Failure of the Authorizing Agent to disclose the presence of any mechanical implanted devices, or radioactive treatments shall make the Authorizing Agent responsible for any damages caused to the crematory, funeral home, and personnel by such implanted devices or radioactive therapy.

Name of Decedent: _____

LEGALLY AUTHORIZED PERSONS (INITIAL APPROPRIATE OPTION)

The undersigned understands that NEBRASKA STATE LAW Laws 2014, LB998, § 16 LB 95, § 19 71-1373 requires The Company to receive written authorization for cremation from a legally authorized person, and certify that they qualify as such in the manner noted below.

1. ___ Authorizing Agent is the surviving spouse of the decedent.
2. ___ Authorizing Agent is/are the surviving children of the decedent who are 18 years of age or older with there being no surviving legal spouse.
3. ___ Authorizing Agent is/are the surviving parent(s) of the decedent with there being no surviving legal spouse or children.
4. ___ Authorizing Agent are the surviving brothers and sisters of the decedent who are 18 years of age or older with there being no surviving legal spouse, children, or parents.
5. ___ Authorizing Agent is acting as legal guardian for decedent's children who are under 18 years of age.
6. ___ Authorizing Agent is/are the surviving grandparents of the decedent with there being no surviving legal spouse, children, parents, or siblings.
7. ___ Authorizing Agent s/are the surviving next of kin of closest blood relation to the decedent as _____ with there being no surviving legal spouse, children, parents, siblings, grandchildren or grandparents. **(E.G. nieces, nephews, and cousins)**
8. ___ Undersigned is the attorney-in-fact or health care surrogate of the decedent at the time of death, and can serve as the legally authorized person since either no family exists or is available.
9. ___ There are no surviving persons as listed above, and I am friend or other person willing to assume the responsibility as the Authorizing Agent.
10. ___ In the absence of any of the above, by order of the County Attorney's Office.
11. ___ I am signing for myself and am authorizing cremation at the time of my death. (Notary Public is Required)

AUTHORIZATION TO CREMATE

The undersigned hereby requests, and authorizes Central Nebraska Cremation Service, Inc, in accordance with, and subject to its rules, regulations, and all state and local laws to cremate the remains of _____ who died at _____ on the _____ day of _____ 20____. The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Signature (Authorizing Agent) _____ Date _____

Print Name _____ Relationship to Deceased _____

Address: City, State, and Zip Code _____ Telephone Number _____

Signature (Authorizing Agent) _____ Date _____

Print Name _____ Relationship to Deceased _____

Address: City, State, and Zip Code _____ Telephone Number _____

Name of Decedent: _____

**ORDER FOR DISPOSITION
(INITIAL ONE)**

____ Return to family, or designated representative. **ONLY** the person(s) name that appears on this form will receive the cremated remains. Positive identification must be shown at the time of pick-up from The Company.

THERE ARE NO EXCEPTIONS. Cremated remains to be picked up by :1. _____ 2. _____

____ I appoint The Company as my agent to make shipment of said cremains via U.S.Postal Service Priority Express Mail Service with a signature of receipt to the following recipient at the address listed. I am aware that The Company's services have been fully completed when the cremated remains have left The Company's possession, and I imdenmify, and hold harmless The Company from any, and all claims arising from such mail service.

NAME, ADDRESS & TELEPHONE NUMBER OF RECEIVING PARTY

____ I appoint The Company as my agent to deliver said cremated remains to the following: _____.

Signature of Licensed Funeral Director as Witness

Date

Delivery Receipt

*Name of Deceased: _____

Date of Delivery: _____ Time of Delivery: _____

Funeral Home: _____ City/Town of Funeral Home: _____

Type of Container Delivered : _____

*Signature of Crematory Representative: _____

*Signature of Funeral Director or Representative: _____

By Signing, the above Funeral Director or Representative confirms that all jewelry has been removed from the Decedent unless authorizing agent gave written instructions indicating otherwise, and accompany the decedent. In addition, Funeral Home Establishment confirms that pacemakers, defibrillators, and/or any other damaging medical device(s) have been removed prior to cremation.

*Denotes information and signatures required for compliance with Nebraska LB95, "Cremation of Human Remains Act"